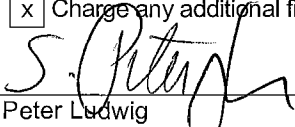


AMENDMENT TRANSMITTAL LETTER			Docket No. 04597/000N029-USO		
Application No. 10/629,443-Conf. #5742	Filing Date July 28, 2003	Examiner S. O. Flores	Art Unit 3724		
Applicant(s): Eduardo Franco Queiroz					
Invention: IMPROVEMENT APPLIED TO CONTINUOUS LINEAR SQUARE-FITTING MACHINE USED IN THE MILLING PROCESS OF COCONUT ENDOCARP (COCOS NUCIFERA L.)					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	10	- 20 =	0	x 25.00	0.00
Independent Claims	2	- 3 =	0	x 105.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					525.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					525.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ <u>525.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 S. Peter Ludwig Attorney/Agent Reg. No.: 25,351			Dated: <u>September 12, 2008</u>		
DARBY & DARBY P.C. P.O. Box 770 Church Street Station New York, New York 10008-0770 (212) 527-7700					
Express Mail Label No. _____ Dated: _____					